

Nine New Effective Interventions Added to “Effective Intervention and Strategies” in 2005

GROUP-LEVEL INTERVENTION		
<p>Carey, M. P., Carey, K. B., Maisto, S. A., Gordon, C. M., Schroder, K. E. E., & Venable, P. A. (2004). Reducing HIV risk behavior among adults receiving outpatient psychiatric treatment: results from a randomized controlled trial. <i>Journal of Counseling Clinical Psychology</i>. April 2004 v74 i2 p252 (17)</p>		
HIV + Heterosexual	<p>This study investigated the efficacy of a 10 session, HIV risk reduction intervention. There were 211 women and 187 men, receiving outpatient psychiatric care for mental illness, who participated in this intervention. Clients were randomly assigned to one of three situations: HIV risk reduction intervention, structurally equivalent substance use reduction intervention, or standard care. Clients were assessed pre and post intervention and at 3 and 6 month follow-up appointments.</p>	<p>Compared to clients assigned to the other two situations, clients assigned to the HIV risk reduction intervention reported less unprotected sex, fewer casual partners and fewer new sexually transmitted infections. They also reported more- safer sex communications, improved knowledge, behavioral skills, more positive condom attitudes, and stronger condom use intentions.</p>

GROUP-LEVEL INTERVENTION		
<p>Wingood, G., M., DiClemente, R. J., Mikhail, I., Lang, D. L., McCree, D. H., Davies, S. L., Mardin, J. W., Hook, E. W. 3rd, Saag, M. (2004). A randomized controlled trial to reduce HIV transmission risk behaviors and sexually diseases among women living with HIV: The WILLOW program. <i>Journal of Acquired Immunodeficiency Syndromes</i>, S58-S67</p>		
HIV + Women	<p>The WILLOW (women involved in life learning from other women) object was to evaluate the efficacy of this intervention to reduce HIV transmission risk behavior, STDs and enhance HIV prevention psychosocial and structural factors among women living with HIV. Once recruited, 366 women were randomly assigned to the comparison group or to the intervention. Women assigned to the comparison group participated in four 4 hour sessions that addressed: medication adherence, nutrition, and provided interaction skill. Women assigned the intervention group also attended four 4 hour sessions, but there sessions focused on knowledge, attitudes, self-efficacy, and skills regarding safer sex.</p>	<p>Over the 12 month follow-up, women in the intervention reported: fewer episodes of unprotected vaginal intercourse, less likely to report never using condoms; lower incidence of bacterial infections; greater knowledge and condom self-efficacy; more network members; fewer beliefs that condoms interfere with sex; fewer partner related barriers to using condom use; and demonstrated greater skills in using condoms.</p>

INDIVIDUAL-LEVEL INTERVENTION		
Fisher, J. D., Cornman, D.H., Osborn, C. Y., Amico K. R., Fisher, W. A., & Friedland, G., A.. (2004) Clinician-initiated HIV risk reduction intervention for HIV-positive persons; Formative research, acceptability, and fidelity of the Options project. <i>Journal of Acquired Immunodeficiency Syndromes</i> , 37, S78-S87.		
HIV + Heterosexual	The theoretical foundations for this intervention are motivational interviewing (MI) and information-motivation behavioral skills (IMB). Research with 231 clients and practitioners resulted in the formulation of this intervention. Options is a “shell” or framework a clinician uses to elicit the dynamics of HIV risk behavior and to assist in creating a tailored HIV risk reduction intervention for their HIV positive clients. Options is a 5 – 10 minute collaborative client-centered discussion. There was a 9 step protocol outlined for the clinician to follow. Each clinician received practitioner training in order to conduct the intervention.	The Options intervention was well accepted as a component of routine HIV care. It was found to be acceptable and capable of being delivered with fidelity in clinical care. The results revealed patients exposed to the protocol reduced HIV sexual risk behavior significantly over time.

INDIVIDUAL-LEVEL INTERVENTION		
Patterson, T. L., Shaw, W. S., & Semple, S. J. (2003) Reducing the sexual risk behaviors of HIV-positive individuals: Outcome of a randomized control trial. <i>Annals of Behavioral Medicine</i> , 25, 137-145		
HIV + Person	This study evaluated an intervention designed to reduce sexual risk behaviors of HIV positive persons. The basis for this intervention was the social-cognitive theory (SCT). There were 387 HIV positive persons who reported having unprotected sex with HIV negative partners or partners of unknown status selected and randomly assigned to one of four intervention conditions. (1) a single counseling sessions targeting problem areas identified by the participant; 2) a single session that covered all three intervention domains; 3) the same comprehensive intervention followed by 2 monthly boosters; and 4) a three session diet and exercise attention-control conditions. The ethnic minority composure of those participating in the intervention consisted of the following: 65% non-Hispanic white, 15% African American, 12%	The results suggest that brief behavioral interventions designed to promote safer sex among HIV positive persons can result in large reductions in HIV transmission. The use of a brief SCT-based intervention for HIV positive persons, targeting condom use, negotiation of safer sex practices, and disclosure can result in reductions in sexual behavior associated with HIV transmission.

	Hispanic and 8% other. The majority of the participants were male (91%); female participants consisted of 9%.	
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INDIVIDUAL-LEVEL INTERVENTION		
Richardson, J. L., Milam, J., McCutchan, A., Stoyanoff, S., Bolan, R., Weiss, J., Kemper, C., Larson, R. A., Hollander, H., Weismuller, P., Chou, C. P., & Marks, G. (2004). Effects of brief provider safer-sex counseling of HIV-1 seropositive patients: A multi-clinic assessment. <i>AIDS</i> , 18, 1179-1186		
HIV + Person <i>Implementing of Integrating Prevention Services into Medical Care for People Living with HIV</i>	The objective of this intervention was to test the efficacy of a brief safer-sex counseling intervention for HIV positive clients conducted by their medical providers. Six HIV clinics participated in the intervention. Two clinics (214 clients) used gain-frame messages, two clinics (175 clients) used loss-frame messages, and two clinics (196) were attention-control clinics. The counseling was a short 3-5 minute session and delivered to all HIV positive clients who agreed to participate. The short messages were delivered each time the client visited the medical provider's office.	The intervention trial found that brief safer sex counseling provided by medical providers can be effective in reducing risky sexual behavior. The lost-frame intervention reduced unsafe sex in clients with multiple or casual partners. There was not a reduction in those clients who had one partner at baseline interviews; those clients had a much lower prevalence of UAW at intake making it difficult for the intervention to reduce the occurrence.

INDIVIDUAL-LEVEL INTERVENTION		
Wyatt, G. E., Lonngshore, D., Chin, D., Carmona, J. H., & Rivkin, I. (2004). The efficacy of an integrated risk reduction intervention for HIV-positive women with child sexual abuse histories. <i>AIDS and Behavior</i> , 8, 453-462		
HIV + Women	It was believed that child sexual abuse history (CSA) is associated with HIV risk behaviors. This randomized trial tested the impact of a culturally psychoeducational intervention designed to reduce sexual risk and increase HIV medication adherence for HIV positive women with a history of CSA. The study included African American, European America, English-speaking and monolingual Spanish-speaking Latina. Once recruited, 147 women were randomly assigned to an 11 session "Enhanced Sexual Health Intervention (ESHI)" or and attention control group. Women assigned to the control group received a one-time group meeting where they received HIV prevention and CSA information. Women	Women in the ESHI condition reported greater sexual risk reduction than the women in the control condition. The difference between the intervention (75.6%) and control group (73/3%) were roughly the same concerning medication adherence. However, women in the ESHI condition who attended at least 8 sessions reported great medication adherence (91.3%) at the posttest than the women who attended seven or fewer sessions (49.7%). The unadjusted percentage of women reporting sexual risk reduction at posttest was higher in the ESHI group (63.6%) than in the attention control group (56.8%). This

	assigned to the ESHI condition attended 11 weekly sessions each lasting approximately 2.5 hours.	was not considered statistically significant. When adjusted for covariates, the results were ESHI 74.5% and attention control group 54.4%.
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INDIVIDUAL-LEVEL INTERVENTION		
Sterk, C. E. (2002) The health intervention project: HIV risk reduction among African America women drug users. <i>Public Health Reports</i> . 2002 Volume 117, Supplemental 1, S88-S95.		
African American women who use crack	This Health Intervention Project (HIP) was conducted in Georgia for African American crack users. The HIP consisted of two interventions based on the Stages of Change Model. The four session motivation intervention, including HIV pre and posttest counseling. During the sessions, the women developed an action plan, reviewed successes and failures, revised personal goals, recognized triggers for relapse and developed ways to avoid or respond to those cues. The four session negotiation intervention focused on technical and communication skills. The women developed an action plan and reviewed the plan during each session.	No specific information about this intervention was provided. However, lessons learned from this intervention determined successful interventions must be holistic. Effective prevention intervention programs must be framed within appropriate racial, ethnic, and cultural context.

INDIVIDUAL-LEVEL INTERVENTION		
El-Bassel, N., Witte, S.S., Gilbert, L., Wu, E., Chang, M., Hill, J., and Steinglass, P. (2005) Long-Term Effects of an HIV/STI Sexual Risk Reduction Intervention for Heterosexual Couples. <i>AIDS and Behavior</i> , Vol. 9, No. 1, 1 - 13		
Heterosexual Couples	This randomized trial wanted to examine the efficacy of a relationship based HIV/STI prevention intervention. A total of 217 heterosexual couples were randomly assigned to one of three intervention conditions. 1) Six sessions to both partners, 2) the same intervention to the woman alone, or 3) a one session health education (control) provided to the female participant only. Each intervention incorporated concepts from the ARRM, ecological perspective, information from the development phase, and an NIMH HIV/STI prevention with couples trial from 1998.	During the 12 month follow-up post intervention interview, results showed that the intervention was effective in reducing unprotected sex for those who participated in the intervention conditions 1 and 2 compared to those who participated in the health education intervention. However, there was not a significant difference when comparing whether couples attended together or the woman received the intervention alone.

GROUP-LEVEL INTERVENTION		
Kalichman, S.C., Sikkema, J., Kelly, J.A., Bulto, M., (1995) Use of a brief behavioral Skills Intervention to Prevent HIV Infection Among Chronic Mentally Ill Adults. <i>Psychiatric Services</i> 46(3), 275-280.		
Heterosexual	<p>This is a brief behavioral skills intervention conducted in small groups during four 90 minute sessions. Sessions were: 1) AIDS risk reduction education; 2) behavioral skills to reduce AIDS risk; 3) communication and negotiation skills; and 4) review & reinforcement. The goal of the intervention was to inform adults about HIV/AIDS and ways they can protect themselves and others from contracting HIV. The intervention is based on theory of reasoned action, social cognitive theory, and information-motivation-behavior skills (IMB) model. The intervention was originally conducted in two psychiatric clinics in Milwaukee, Wisconsin. The participants (27 men and 25 women) were recruited and randomly assigned to either the immediate intervention, or the four-week waiting list control group.</p> <p>An intervention package, Let's Chat, is available from Sociometrics (www.socio.com). Check web site for the package price.</p>	<p>Overall, the researchers concluded the intervention had a positive, short-term effect on sexual risk behaviors. Of the 52 participants who completed the baseline assessment, 44 (85%) completed the intervention. Completion was defined as having attended a minimum of two of the four sessions. When compared with the waiting list control group, the immediate intervention group reported changes in condom-use and AIDS risk knowledge, and intentions to change their risk behavior. The immediate group also reported a substantial reduction in rates of unprotected sexual intercourse and an increase in condom use.</p>